Medicaid HIE Use Cases

Data Application/ Request	Data/Service Required	Data Flow Example	Connected Entities	Why This Is Important to Medicaid	Medicaid HIE Capabilities
Request Patient Records	Demographics Procedures Diagnoses Medications Provider visits Lab results Medicaid claims data	To support requests for records, connected systems use a Record locator services to select Medicaid records. Medicaid responds to the request with the selected record in the standard format. Data collected from Mediciad claims, integrated with data from other sources covering visit history inpatient, outpatient and/or long term care settings, physician offices, pharmacies and labs. For hospitalizations hospitals make available discharge summary reports (CCD/CCR) to practitioners. This clinical information takes the place of claims level report of services.	Healthcare providers - Practitioners - Hospitals - Public Health Medicaid Public/Private organizations Medicaid beneficiaries	Patient clinical data is used to determine the health status and plan of treatment for patients. It is important in improving the ability of Medicaid assist in the management of care for high cost individuals, including those with chronic conditions. Clincial data that is timely is also used to monitor episodes of care, monitor the coordination of services, and as a basis for a outcomes based payment methodology. With the widespread availability of clinical data, the burdensome need for claims and a fee for service payment methodology can be eliminated. The pathway to implement this capabilty is best initiated by using Medicaid claims and other administrative data in the form of a record of service which is a proxy for clinical data until more widespread adoption of EHR is realized.	Record of Services Medication History Record of Services Inpatient Record of Services Ambulatory Visit Disease/Case Management for Chronic Care Coordination Prior Authorization/MMIS Review/Use Clinical Information
Prescribe Medicines for Medicaid Beneficiaries - Eligibility Verification	Demographics Diagnoses Medications Provider visits Eligibility Drug formulary	To support prescribing activities, physician systems exchange transactions to get the Medicaid recipient ID. Physician systems incorporate the Medicaid recipient ID into a standard request for Medication History. Physicians interact with the Medicaid-supplied formulary through their ePrescribing applications to select an appropriate drug based on formulary status and issue a prescription electronically to the pharmacy. Administrative data exchange inlcudes eligibility for benefits and Medicaid formulary.	Healthcare providers - Practitioners - Hospitals Medicaid Public/Private organizations Medicaid beneficiaries Pharmacies Medicare	It has been demostrated that the effective verification of eligibility, the reconcilation of prescribed medication and the generation of an electronic prescription have potential to reduce prescribing errors, reduce fraud and abuse and to improve patient medication compliance. Medicaid can achieve many of these savings by ensuring the patient medication history is used in conjunction with each prescription. The pathway to implement eprescribing is best initated by using Medicaid prescription history as a source for medication history to ensure that all providers have reconciled medicaitions prior to prescribing. In future provider EHR systems this is a required capability.	Record of Medication History Electronic eligibility verification Electronic claims transactions Other (Third Party Insurance Identification)
Exchange of Clinical Data between Practitioners	Demographics Procedures Diagnoses Medications Provider visits Lab results Medicaid claims data	Utilizing national data formatting standards, information exchange takes place in a secured environment determined by a view vs. download strategy. Primary and Secondary data useage and storage issues resolved by enduser where appropriate. Data exchange includes institutional and community based service providers whith clinical data of significance to Medicaid.	Healthcare providers - Practitioners - Hospitals - Public Health Medicaid Public/Private organizations Medicaid beneficiaries Medicare	Medicaid benefits when providers have access and can exchange data between each other. It is expected that when information is available it will reduce the over utilization of lab testing and radiological diagnostic procedures. Medicaid will also benefit if the treating provider has a clinical data in addtion to patient reported information, including problem lists, prior treatment records and accurate demographic information.	Lab Results Reporting Disease/Case Management for Chronic Care Coordination Care Coordination-- Other Treating Providers/Link Audit Verification of Meaningful Use Patient Monitoring

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Claims Status / Claims Adjudication	Demographics Procedures Medications Provider visits Medicaid claims data	Claims status is a useful administrative transaction that can be used by practitioners to avoid sending duplicate claims.	Healthcare providers - Practitioners - Hospitals Medicaid Medicare	Medicaid has current capbilites for electronic claims submission (along with eligibiilty verification). Real time claims adjudication is of benefit because it providers immediate processing to payment for Medicaid claims, thus improving both provider and Medicaid operations. Medicaid can assist in EHR and HIE adoption by enabling this capabilty to be performed through the HIE, eventually making the HIE the exclusive pathway to provider to Medicaid exchange.	Electronic eligibility verificaiton EPSDT Screening status inquiry Eligibility record of prior Medicaid coverage Eligibility intake from business partners (hospitals) Other (3rd party insurance indentification)
Eligibility Verification / Prior Eligibility	Demographics Procedures Diagnoses Medications Provider visits Lab results Medicaid claims data	Eligibility Verification, often including some patient specific benefit limits. The HIE functionality will support a Master Patient Index. The Master Patient Index could used to identify current and prior Medicaid and other Third Party coverage.	Healthcare providers - Practitioners - Hospitals - Public Health Medicaid Public/Private organizations Medicaid beneficiaries Medicare	Medicaid eligbility at the point of service enables providers to verifiy eligibility, obtain billing information and determine benefit coverage and service limitations. Medicaid can realize substantial benefits if eligibility verification is tied to the HIE Master Patient Index. Since the Index will contain all patients in Arkansas who have received service from Arkansas health care providers, linking Medicaid eligibility will aid providers (particularly hospitals) in identifying previous Medicaid eligibility. In addition, Medicaid can improve third pary liability efforts by linking this information to the master patient index.	Electronic eligibility verification EPSDT Screening Status Inquiry Electronic claims transactions Verification of Home and Community Based Services (HCBS) Other (Third Party Insurance Identification)
Referral Reporting	Demographics Procedures Diagnoses Medications Provider visits Lab results Medicaid claims data	The HIE can facilitate the capture and use of referrals from PCPs. Once captured the referrals can be used in claims processing to ensure that the only non urgent services which are paid have been authorized by the PCP.	Healthcare providers - Practitioners - Hospitals - Public Health Medicaid Medicaid beneficiaries Medicare	Medicaid has no current capability to capture or to monitor Primary Care Case Management (PCCM) referrals. This imformation is important to assessing the effectiveness of gateway process, and to ensure that referrals result in effective treatment. With this capability, Medicaid can better track patient treatment, identify potential fraud and abuse and implement changes in reimbursement that puts an emphasis on quality of care and the level of service expected for patients with chronic conditions.	Electronic referral processing (PCP to Specialist) Disease/Case Management for Chronic Care Coordination Care Coordination - other treating providers/link

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Quality reporting	Medication history Laboratory results Clinical visits Eligibility Payer Claims data Demographics Medicaid claims data 3rd Party claims	Assists in quality monitoring, which can set the stage for pay for performance strategies.	Hospitals Payers Laboratories Pharmacies Clinicians Medicaid Medicare	Medicaid is required to gather data from providers who qualify for a Medicaid e HR incentive payment. It is also required to verify meaningful of e HR by the providers who receive incentives. Medicaid can benefit by being able to identify providers who are most effective in their treatment. and is an important element in payment reform. The capture and use of provider specific quality data can be an effective criteria in provider credentialling and establishing payment levels which incent providers to adopt improved work flow and care coordination.	Audit verification of Meaningful Use Chronic Disease registries
Medical Home Care Coordination	Medication history Laboratory results Clinical visits Eligibility Payer Claims data Demographics Medicaid claims data	Assist in developing strategies for patient care coordination via their medical home. Can include school health information and public health (i.e. immunizations). Strategies for data storage and accessing (pull vs. push and view vs. download) must be developed.	Hospitals Payers Laboratories Pharmacies Clinicians / Medical home Medicaid Medicare	The medical home model which is drived by patient centered care coordination has been established as a cost effective and better care model. Medicaid can greatly benefit if this model in implemented to all Medicaid patients. Medicaid can facilitate care coordination through the improved use of Medicaid to provider messaging and alerts. In addition, Medicaid can assist Medicaid providers in identifying other providers who are or have been involved in a patients care. Medicaid can use these steps, along with Medicaid claims history to promote the adoption of a medical home coordinated care model, and develop new payment methodologies to incentize providers to adopt the new model.	Disease/Case Management for Chronic Care Coordination EPSDT Screening status inquiry Electronic provider communication and alerts Care coordination - other treating providers/link Long term care patient assessments Verfication of home and community based servicec (HCBS)
Provider Identification (Master Provider Index)	Medication history Laboratory results Clinical visits Eligibility Payer Claims data Demographics Medicaid claims data	Assignment of provider and/or service identification should be included as a component of a master patient index and record locator service.	Medicaid Medicare Providers Payers	Medicaid can benefit from the use of an electronic Master Provider Index as it will improve Medicaid provider adminstration functions, including provider enrollment, licensure verification, provider communications and support other self service adminstrative functions. Medicaid can also benefit by the abilty of providers to identify and coordinate with other providers involved in a patients treatment.	Selft service provider enrollment and update Electronic provider communicaiton and alerts